OSHA's Form 300A

Year 2018 U.S Department of Labor Occupational Safety and Health Administration

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work- related injuries or illnesses occurred duning the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the intries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Ferm 300 in its entirety. They also have a ted access to the OSHA Form 301 cr its equivalent. See 29 CFR Part 1904.35, in OSHAs recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Lemismes of cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	303	<u>67</u>	64
(G)	(H)	(1)	(3)
Number of Days			
Total number of days away from work		Total number of days of Job Transfer or Restriction	
8407		7829	
(K)	the second second	(2)	
Injury and Illness Types			
Total number of			
(M)			
(1) Injuries	431	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory condition	0	(6) All other illnesses	3

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information in ass it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N- 3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name OAK4

Company Name Golden State FC LLC 1555 N. Chrisman Road Street

ZIP 95304 California Tracy City Industry description (e.g. Manufacture of motor truck trailers)

General Warehousing and Storage

Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

493110

Employment Information

Annual average number of employees

Total hours worked by all employees last year

6,543,017

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company Executive

Phone

Date